TENNESSEE LIONS CHARITIES, INC.



Impact Report
September 2026



Tennessee Lions Charities, Inc.

Strengthening the PRIDE since 1995!

Tennessee Lions Charities, Inc. is the 501 (c) (3) organization that serves the Lions Clubs of Tennessee and the people of Tennessee. Our primary focus is the development and coordination of statewide service programs and projects for the Lions of Tennessee. We also develop unique educational and promotional resources that strengthen the impact of the services Tennessee's Lions can provide to their communities. Lastly, our staff provide patron services for Tennesseans who have participated in one of the programs we oversee.

Our Mission

To empower and support the Lions of Tennessee through leadership, programs, and resources that strengthen their impact on the lives of Tennesseans.

Core Values

Prioritization of vision care
Resource for education and empowerment
Investment in strengthening the impact of Lions
Dedication to elevated service for all Tennesseans
Excellence in service-focused leadership

TENNESSEE KidSight

Two great programs that allow Tennessee's Lions to serve the children in their communities!

KidSight Outreach



Kindergarten & Pre-K

Over 733,070 children have participated in KidSight Outreach vision screening since 1997!

44,471 children have been referred for life-changing treatment thanks to KidSight Outreach's early detection of vision problems!

KidSight PLUS

Grades 1-12

Launched in 2024 as a way to meet the needs of charter schools in Nashville, TN.

Provides vision screenings to older students.

Over 13,500 participants!

Tennessee KidSight through the years...

KidSight History

KidSight Outreach Data by Year				
Year	# Sessions	# Screened	# Referred	% Referred
1997	33	980	66	6.73%
1998	518	9,203	600	6.52%
1999	800	13,707	738	5.38%
2000	766	13,873	603	4.35%
2001	1114	29,371	1,327	4.52%
2002	930	25,392	1,164	4.58%
2003	1031	27,088	1,047	3.87%
2004	909	25,061	1,154	4.60%
2005	991	28,568	1,193	4.18%
2006	1022	26,432	1,245	4.71%
2007	1045	30,179	1,662	5.51%
2008	1004	34,067	2,271	6.67%
2009	1042	35,826	1,991	5.56%
2010	1185	37,904	2,149	5.67%
2011	1105	38,105	1,842	4.83%
2012	1021	37,494	1,855	4.95%
2013	1145	39,472	2,025	5.13%
2014	956	30,810	1,627	5.28%
2015	887	28,264	1,696	6.00%
2016	864	27,951	1,658	5.93%
2017	895	28,720	2,210	7.69%
2018	697	29,128	2,430	8.34%
2019	909	30,375	2,610	8.59%
2020	259	8,771	664	7.57%
2021	454	13,708	1,270	9.26%
2022	582	17,734	1,602	9.03%
2023	658	18,469	1,505	8.15%
2024	588	18,272	1,602	8.77%
2025	621	17,970	1,676	9.33%
Totals	24,031	722,894	43,482	6.01%

Total Screened	**746,614**
Total Referred	**46,767**

KidSight Outreach Data by Month 2026				
Month	# Sessions	# Screened	# Referred	% Referred
Jan	21	594	60	10.10%
Feb	46	1,318	108	8.19%
Mar	32	683	58	8.49%
Apr	29	738	59	7.99%
May	26	908	93	10.24%
Jun	9	173	32	18.50%
Jul	7	134	16	11.94%
Aug	32	1,047	133	12.70%
Sep	148	4,581	430	9.39%
Oct				
Nov				
Dec				
Yearly Totals	350	10,176	989	9.72%

	# Sessions	# Screened	# Referred	% Referred
Through 2025	24,031	722,894	43,482	6.01%
2026	350	10,176	989	9.72%
Grand Totals	24,381	733,070	44,471	6.07%

KidSight**PLUS** Data by Year			
Year	# Screened	# Referred	% Referred
2024	4,694	732	15.59%
2025	5,622	838	14.91%
KidSight**PLUS** Totals	10,316	1,570	15.22%

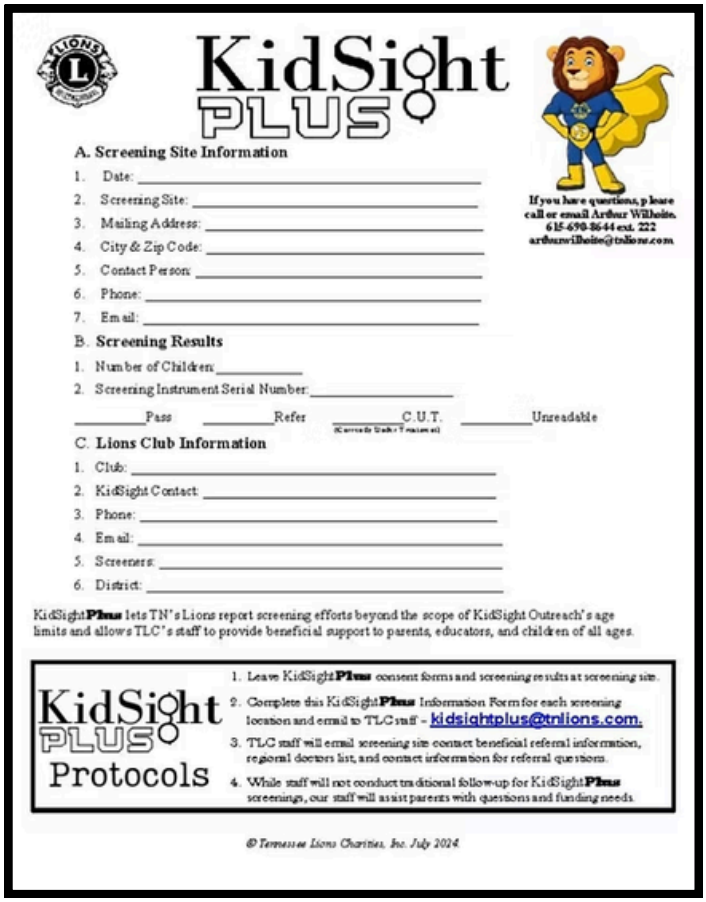
KidSight**PLUS** Data by Quarter 2026			
Quarter	Screened	Referred	% Referred
January - March	246	27	10.98%
April - June	92	6	6.52%
July - September	2,890	693	23.98%
October - December			#DIV/0!
2026 Totals	3,228	726	22.49%
Through 2025	10,316	1,570	15.22%
2026	3,228	726	22.49%
KidSight**PLUS** Totals	13,544	2,296	16.95%

Is your club participating in Tennssee KidSight? If not, reach out! We would love to help you bring KidSight vision screenings to the children in your community!

ArthurWilhoite@tnlions.com

Do you have the latest forms?

KidSightPLUS Information Sheet



KidSight PLUS

A. Screening Site Information

1. Date: _____
2. Screening Site: _____
3. Mailing Address: _____
4. City & Zip Code: _____
5. Contact Person: _____
6. Phone: _____
7. Email: _____

If you have questions, please call or email Arthur Wilhoite. 615-690-8644 ext. 222 arthurwilhoite@tnlions.com

B. Screening Results

1. Number of Children: _____
2. Screening Instrument Serial Number: _____

_____Pass _____Refer _____C.U.T. (Currently Under Treatment) _____Unreadable

C. Lions Club Information

1. Club: _____
2. KidSight Contact: _____
3. Phone: _____
4. Email: _____
5. Screeners: _____
6. District: _____

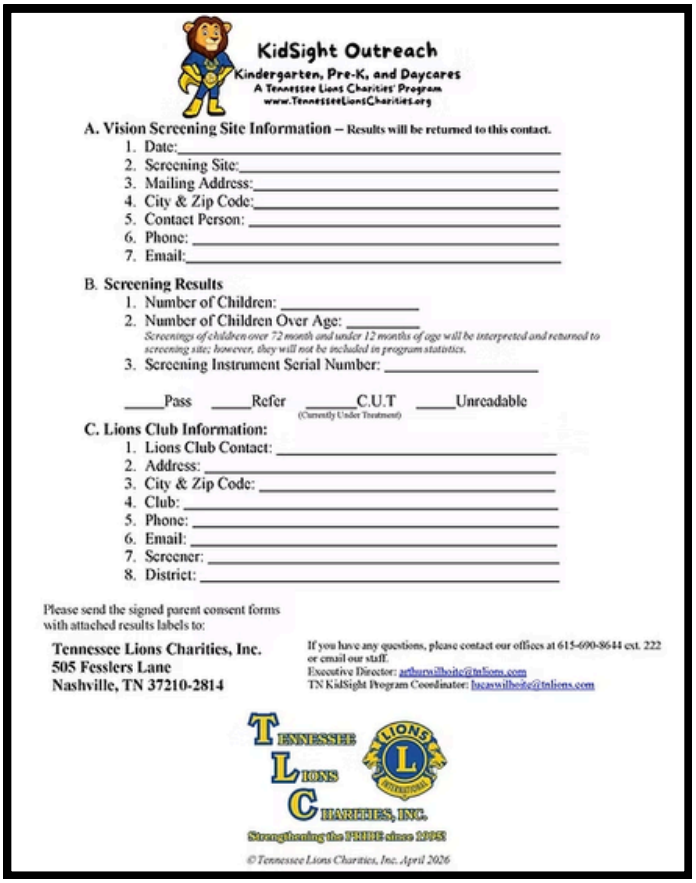
KidSight**Plus** lets TN's Lions report screening efforts beyond the scope of KidSight Outreach's age limits and allows TLC's staff to provide beneficial support to parents, educators, and children of all ages.

KidSight PLUS Protocols

1. Leave KidSight**Plus** consent forms and screening results at screening site.
2. Complete this KidSight**Plus** Information Form for each screening location and email to TLC staff - kidsightplus@tnlions.com.
3. TLC staff will email screening site contact beneficial referral information, regional doctors list, and contact information for referral questions.
4. While staff will not conduct traditional follow-up for KidSight**Plus** screenings, our staff will assist parents with questions and funding needs.

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New KidSight Outreach Cover Sheet



KidSight Outreach

Kindergarten, Pre-K, and Daycares

A Tennessee Lions Charities' Program

www.TennesseeLionsCharities.org

A. Vision Screening Site Information – Results will be returned to this contact.

1. Date: _____
2. Screening Site: _____
3. Mailing Address: _____
4. City & Zip Code: _____
5. Contact Person: _____
6. Phone: _____
7. Email: _____

B. Screening Results

1. Number of Children: _____
2. Number of Children Over Age: _____

Screenings of children over 72 month and under 12 months of age will be interpreted and returned to screening site; however, they will not be included in program statistics.

3. Screening Instrument Serial Number: _____

_____Pass _____Refer _____C.U.T (Currently Under Treatment) _____Unreadable

C. Lions Club Information:

1. Lions Club Contact: _____
2. Address: _____
3. City & Zip Code: _____
4. Club: _____
5. Phone: _____
6. Email: _____
7. Screener: _____
8. District: _____

Please send the signed parent consent forms with attached results labels to:

Tennessee Lions Charities, Inc.
505 Fesslers Lane
Nashville, TN 37210-2814

If you have any questions, please contact our offices at 615-690-8644 ext. 222 or email our staff.
Executive Director: arthurwilhoite@tnlions.com
TN KidSight Program Coordinator: lucaswilhoite@tnlions.com

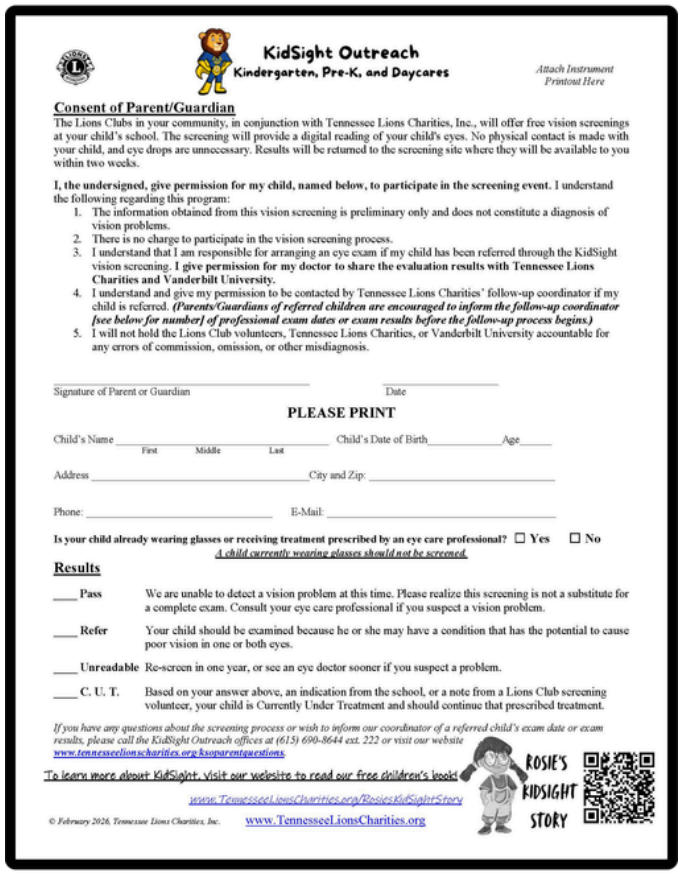
Tennessee Lions Charities, Inc.

Strengthening the PRIDE since 1993

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Click the forms above to download the latest consent forms!

New Consent Forms!



KidSight Outreach
Kindergarten, Pre-K, and Daycares

Attach Instrument Printout Here

Consent of Parent/Guardian

The Lions Clubs in your community, in conjunction with Tennessee Lions Charities, Inc., will offer free vision screenings at your child's school. The screening will provide a digital reading of your child's eyes. No physical contact is made with your child, and eye drops are unnecessary. Results will be returned to the screening site where they will be available to you within two weeks.

I, the undersigned, give permission for my child, named below, to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging an eye exam if my child has been referred through the KidSight vision screening. **I give permission for my doctor to share the evaluation results with Tennessee Lions Charities and Vanderbilt University.**
4. I understand and give my permission to be contacted by Tennessee Lions Charities' follow-up coordinator if my child is referred. ***(Parents/Guardians of referred children are encouraged to inform the follow-up coordinator [see below for number] of professional exam dates or exam results before the follow-up process begins.)***
5. I will not hold the Lions Club volunteers, Tennessee Lions Charities, or Vanderbilt University accountable for any errors of commission, omission, or other misdiagnosis.

Signature of Parent or Guardian _____ Date _____

PLEASE PRINT

Child's Name _____ (First Middle Last) Child's Date of Birth_____Age_____

Address _____ City and Zip: _____

Phone: _____ E-Mail: _____

Is your child already wearing glasses or receiving treatment prescribed by an eye care professional? ☐ **Yes** ☐ **No**
A child currently wearing glasses should not be screened.

Results

____ **Pass** We are unable to detect a vision problem at this time. Please realize this screening is not a substitute for a complete exam. Consult your eye care professional if you suspect a vision problem.

____ **Refer** Your child should be examined because he or she may have a condition that has the potential to cause poor vision in one or both eyes.

____ **Unreadable** Re-screen in one year, or see an eye doctor sooner if you suspect a problem.

____ **C. U. T.** Based on your answer above, an indication from the school, or a note from a Lions Club screening volunteer, your child is Currently Under Treatment and should continue that prescribed treatment.

If you have any questions about the screening process or wish to inform our coordinator of a referred child's exam date or exam results, please call the KidSight Outreach offices at (615) 690-8644 ext. 222 or visit our website www.tennesseelionscharities.org/ksoparentquestions.

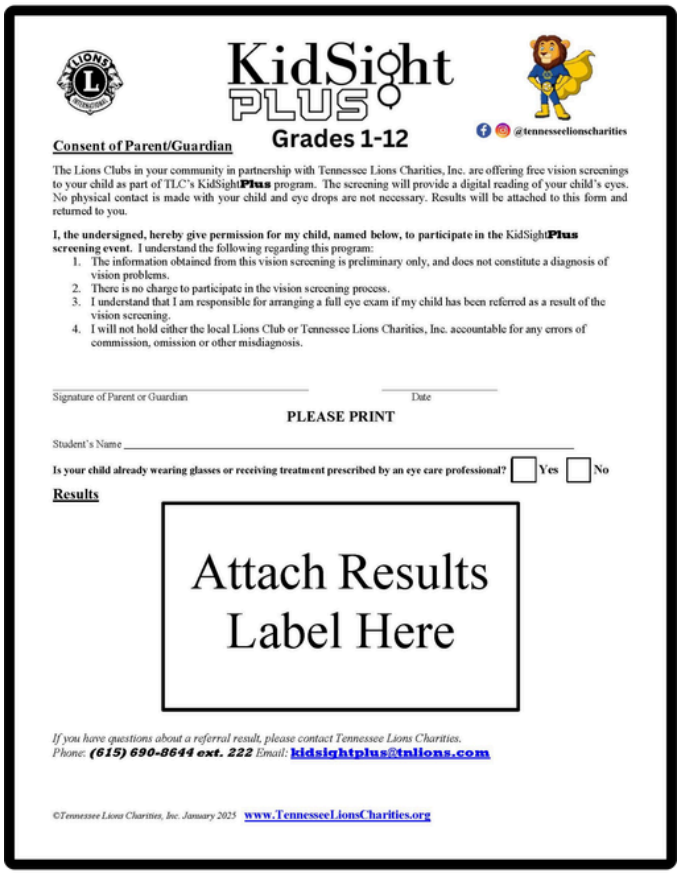
To learn more about KidSight, visit our website to read our free children's book!
www.TennesseeLionsCharities.org/RosiesKidSightStory

ROSIE'S KIDSIGHT STORY

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KidSight Outtreach
Click to view latest consent forms

KidSightPLUS
Click to view latest consent forms



KidSight PLUS
Grades 1-12

@tennesseelionscharities

Consent of Parent/Guardian

The Lions Clubs in your community in partnership with Tennessee Lions Charities, Inc. are offering free vision screenings to your child as part of TLC's KidSight**Plus** program. The screening will provide a digital reading of your child's eyes. No physical contact is made with your child and eye drops are not necessary. Results will be attached to this form and returned to you.

I, the undersigned, hereby give permission for my child, named below, to participate in the KidSight Plus screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging a full eye exam if my child has been referred as a result of the vision screening.
4. I will not hold either the local Lions Club or Tennessee Lions Charities, Inc. accountable for any errors of commission, omission or other misdiagnosis.

Signature of Parent or Guardian _____ Date _____

PLEASE PRINT

Student's Name _____

Is your child already wearing glasses or receiving treatment prescribed by an eye care professional? ☐ **Yes** ☐ **No**

Results

Attach Results Label Here

If you have questions about a referral result, please contact Tennessee Lions Charities. Phone: ***(615) 690-8644 ext. 222*** *Email:* **kidsightplus@tnlions.com**

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Questions about implied/opt out consent?

We can provide consent forms that allow you to use a school's implied/opt out consent policy. Call or email us to discuss further.

Email: arthurwilhoite@tnlions.com Phone: 615-594-1868

September 2026

To view the full report visit our website!

www.TennesseeLionsCharities.org/library

4,581 kindergarten and pre-k students screened!

430 kindergarten and pre-k students referred for treatment that will allow for improved social, behavioral, and educational development.

128 Lions Club KidSight volunteers spent an estimated 230 hours conducting seven KidSight Outreach vision screenings totaling $8,002 in volunteer time.

The Current Estimated National Value of Each Volunteer Hour Is $34.79. - independentsector.org

Top KidSight Outreach Screening Clubs
September 2026

Lions Club	# Screened	# Referred
Harriman	344	34
Cookeville	339	50
Murfreesboro	284	50
West Knox	276	14
Nolensville	262	18

KidSight PLUS

September 2026 Report

1,743 students across the state of Tennessee in grades 1 - 12 participated in KidSightPLUS!

306 students received referrals from these screenings.

The families of these referred students received referral information that empowers them to make informed decisions about their child's healthcare!

Top KidSightPLUS Clubs September 2026

Club	Screened	Referred
Maryville	780	126
Oak Ridge	307	80
Cookeville	230	50
Nolensville	134	27
Harriman	68	4

Visit our website to learn more!

www.TennesseeLionsCharities.org/KidSightPLUS

KidSightPLUS is a great service project for community events!

- Larger population served!
- Simpler protocols!
- Same elevated service that empowers and educates parents!

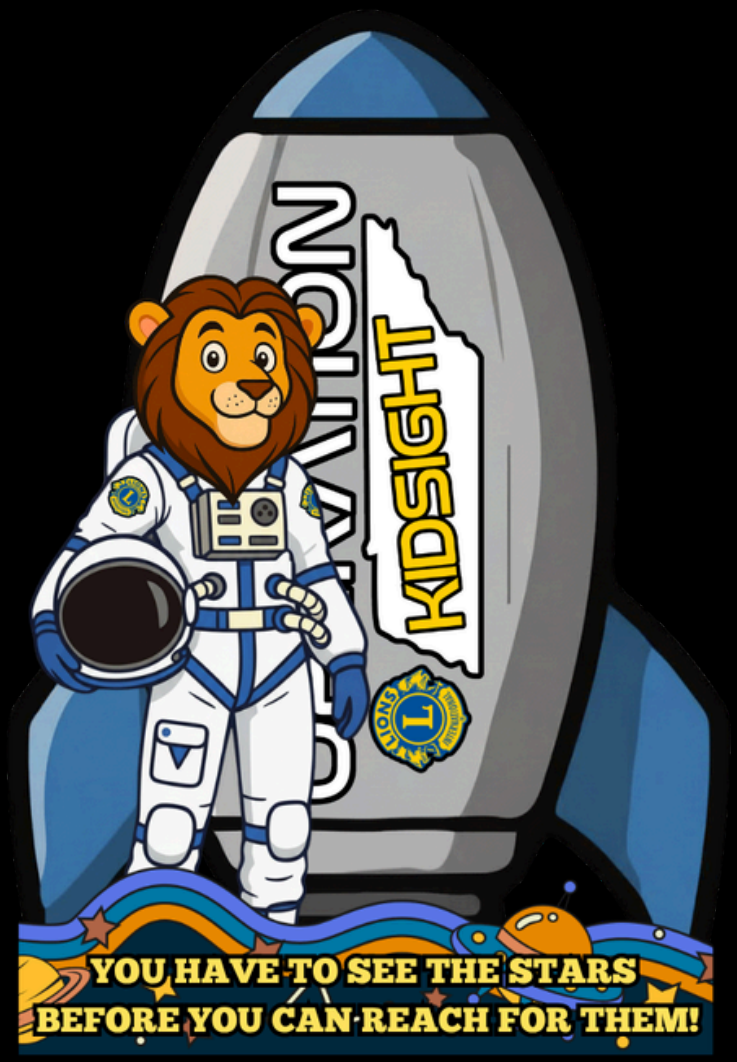
Ask how we can get you prepared for your next community event!

BECOME A TLC/KIDSIGHT SUSTAINING DONOR IN 2026 TO RECEIVE THIS YEAR'S EXCLUSIVE SUSTAINING DONOR PIN AND EVERY YEAR'S EXCLUSIVE PIN GOING FORWARD!



2026'S SUSTAINING DONOR PIN

www.TennesseeLionsCharities.org/ksosdi



Visit our website to learn more about Tennessee Lions Charities and our great work!

If you have questions about TLC or need KidSight supplies, please do not hesitate to reach out!

Arthur Wilhoite

Executive Director
Tennessee Lions Charities, Inc.
Email: arthurwilhoite@tnlions.com
Office: (615) 690-8644 ext. 222
Cell: (615) 594-1868



www.TennesseeLionsCharities.org



www.TennesseeLionsCharities.org/impact